

PUBLIC HEALTH REPORTS

VOL. 52

MARCH 19, 1937

NO. 12

CURRENT PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES¹

January 31—February 27, 1937

The prevalence of certain important communicable diseases, as indicated by weekly telegraphic reports from State health departments to the United States Public Health Service, is summarized in this report. The underlying statistical data are published weekly in the Public Health Reports, under the section entitled "Prevalence of Disease."

Influenza.—Influenza was epidemic in various sections of the country throughout the months of January and February. The largest number of cases, for all States, was reported during the week of January 24–30, approximately 37,000, a weekly excess of 35,000 over the nonepidemic year of 1934. The number of reported cases of influenza decreased in February in every section of the country, except the East South Central area, where there has been a gradual increase. In all States combined the number of reported cases has dropped from approximately 32,000 for the first week of February to 15,000 for the week of February 28–March 6. The seasonal expectancy for the latter week is approximately 3,500.

Reports of deaths from influenza and pneumonia in the total of 95 large cities show the peak week of mortality to have been January 3–9. Since January 9 the mortality from influenza and pneumonia has slowly declined, but for the week ended February 27 it was still somewhat above the normal expectancy for all cities combined. In the Middle Atlantic, East North Central, West North Central, and Mountain sections of the country the peak week of mortality occurred during the first half of January, and by the end of February mortality from influenza and pneumonia in these areas had dropped practically

¹ From the Office of Statistical Investigations, U. S. Public Health Service. These summaries include only the 8 important communicable diseases for which the Public Health Service receives weekly telegraphic reports from the State health officers. The numbers of States included for the various diseases are as follows: Typhoid fever, 48; poliomyelitis, 48; meningococcus meningitis, 48; smallpox, 48; measles, 46; diphtheria, 48; scarlet fever, 48; influenza, 44 States and New York City. The District of Columbia is counted as a State in these reports.

to seasonal expectancy. In the New England, the three Southern sections, and on the Pacific coast, however, mortality from influenza and pneumonia continued to rise during January and February. In the Pacific areas the peak of mortality occurred during the week of February 7-13, in the New England, South Atlantic, and West South Central regions during the week of February 13-20, and in the East South Central area during the last week for which data are available, February 21-27.

The maximum weekly excess mortality from influenza and pneumonia (Jan. 3-9) for all cities was 146 per 100,000, or about the same as that of the winter of 1932-33. In the various regions the excess of the peak week over the corresponding week of 1934 varied from 101 per 100,000 in the East North Central to 747 per 100,000 in the Mountain region. The West South Central, East South Central, Pacific, and Mountain regions showed the largest excesses, 361, 407, 454, and 747 per 100,000, respectively.

Mortality from all causes (86 large cities) likewise shows an excess in each section of the country during January or February. In each area the rates for the week of February 28-March 6 (one week later than that for which data for influenza and pneumonia are available) are about what would be expected for this season of the year.

Smallpox.—For the country as a whole smallpox remained at a relatively high level. The geographic distribution, however, remained strikingly uneven. Of the total of 1,220 cases reported for the 4 weeks ended February 27, the West North Central region reported 689, the Mountain and Pacific regions, 274, the East North Central region, 196, and the South Central regions, 45. The North Atlantic regions reported 11 cases, all in New York, and the South Atlantic, only 5 cases. The disease has been most prevalent in the Mountain, Pacific, and North Central regions continuously since the beginning of 1935. Not all of the States in those regions, however, have contributed to the rise. In the former regions, Montana, Oregon, Washington, and Colorado have reported the highest incidence, while in the latter region all States, except Ohio and Indiana, have reported considerable increases over preceding years.

While the current incidence is the highest in 5 years, it is considerably below that for the corresponding period in 1931, 1930, and 1929, when 4,147, 6,647, and 3,930 cases, respectively, were reported.

Meningococcus meningitis.—For the current 4-week period 678 cases of meningococcus meningitis were reported, about 85 percent of the number for the corresponding period in 1936; exclusive of that year, the current incidence was the highest for this period since 1930. In the North Central regions the incidence was about normal, but in other regions the numbers of cases were considerably above the average for the season.

Number of cases of influenza and death rates from influenza and pneumonia and from all causes in each geographic area, by weeks, from Jan. 31 to Mar. 6, 1937

Regions	Week ended—										Death rate (annual basis) from all causes in 86 large cities per 1,000 population				
	Feb. 6	Feb. 13	Feb. 20	Feb. 27	Mar. 6	Jan. 30	Feb. 6	Feb. 13	Feb. 20	Feb. 27		Feb. 6	Feb. 13	Feb. 20	Feb. 27
Number of reported cases in States															
All regions: *															
1937	32,369	27,281	21,931	18,507	15,134	269	253	265	250	224	14.4	14.6	13.8	13.3	
1934	2,714	2,819	3,825	3,683	3,341	147	148	140	170	171	12.3	12.4	13.8	13.0	
New England:															
1937	2,231	994	880	381	132	291	281	345	357	274	17.4	18.4	17.8	16.0	15.7
1934	6	24	6	9	30	148	162	200	234	211	13.5	14.1	16.4	15.2	14.2
Middle Atlantic:															
1937	236	104	184	170	123	218	186	172	172	163	13.1	12.8	13.3	13.2	12.9
1934	56	47	47	39	60	138	138	137	165	178	12.0	12.2	14.1	12.6	13.6
East North Central:															
1937	1,849	2,365	941	946	388	173	181	185	170	157	12.2	12.2	12.6	11.7	11.6
1934	301	236	320	316	284	107	120	122	120	134	11.2	10.8	11.6	11.4	10.8
West North Central:															
1937	4,747	2,618	1,940	999	507	452	388	300	236	218	15.2	13.4	13.7	13.6	12.7
1934	73	97	236	261	226	177	163	241	174	174	13.4	13.4	13.0	13.1	13.5
South Atlantic:															
1937	3,421	4,045	3,583	4,475	3,987	333	377	354	415	368	17.9	18.8	17.9	18.9	17.7
1934	1,211	943	1,252	1,271	1,016	215	225	223	225	199	15.4	15.2	17.3	16.8	16.0
East South Central:															
1937	1,334	2,133	4,425	2,883	3,376	255	376	470	624	608	17.8	19.2	19.8	18.5	18.5
1934	326	526	436	473	430	251	257	264	370	291	14.5	15.0	19.3	15.3	15.0
West South Central:															
1937	6,592	6,242	6,475	5,823	5,000	411	559	606	507	507	17.4	17.5	18.3	16.1	15.2
1934	609	791	1,275	1,094	1,101	205	202	218	245	262	13.8	14.8	16.4	14.8	14.1
Mountain:															
1937	2,656	1,912	974	685	324	680	468	415	300	229	16.8	18.9	15.7	14.7	15.6
1934	61	71	73	90	43	163	163	121	155	164	16.0	11.6	15.6	13.4	18.2
Pacific:															
1937	9,303	6,868	4,429	2,116	1,297	512	423	639	302	222	17.9	19.8	17.9	14.5	12.6
1934	71	84	91	100	151	104	113	85	104	104	12.4	12.0	12.5	12.1	11.5

March 19, 1937

¹ For similar tables see PUBLIC HEALTH REPORTS for Jan. 15, 1937, p. 68; Jan. 29, p. 126; Feb. 12, p. 190; and Feb. 19, p. 210.
² No reports were received from Mississippi, Nevada, up-State New York, Pennsylvania, and Virginia. New York City is included.
³ Reported cases for the corresponding weeks of 1934, the winter of 1933-34 being one of average influenza incidence.

Poliomyelitis.—While the number of cases of poliomyelitis (80) was about 20 percent in excess of that reported for this period in 1936, the incidence was at approximately the average level of recent years. The South Atlantic and South Central regions (18 and 35 cases, respectively) represented the areas of highest incidence for this period in the 9 years for which these data are available. In other regions the incidence was about normal for the season. The lowest level of poliomyelitis is usually reached during March or April.

Scarlet fever.—The seasonal increase of scarlet fever continued during the 4 weeks ended February 27. The number of cases (26,877) was, however, about normal in relation to the seasonal expectancy. Each geographic region shared in this favorable situation.

Measles.—For the entire reporting area the incidence of measles was the lowest in recent years. The number of cases, 20,878, was about 40 percent less than normal. The current incidence compares very favorably with the more than 90,000 cases for the comparable period in each of the years 1934 and 1935, when measles was unusually prevalent. In the South Atlantic and South Central regions the disease was more prevalent than during the corresponding period in 1936, but in all other regions the incidence was the lowest in recent years.

Typhoid fever.—The number of cases of typhoid fever reported for the 4 weeks ending February 27 was 390, as compared with 364, 521, and 619 for the corresponding period in each of the three preceding years, regressively. The South Atlantic and South Central regions reported slight increases over the corresponding period in 1936; the West North Central and Mountain and Pacific reported decreases, and in the North Atlantic and East North Central regions the incidence closely approximated that of last year.

Diphtheria.—The incidence of diphtheria was the lowest for this period in the 9 years for which these data are available. For the 4 weeks ended February 27 the number of cases totaled 2,069, as compared with 2,369, 2,874, and 3,381 for the corresponding period in the years 1936, 1935, and 1934, respectively. In regions along the Atlantic coast the incidence stood at about the level of the two preceding years, but other regions continued to report a decline with the lowest numbers of cases for this period in recent years.

Mortality, all causes.—The average mortality rate from all causes in large cities for the 4 weeks ended February 27, based on data received from the Bureau of the Census, was 14.3 per 1,000 inhabitants (annual basis). The rates for this period in 1936, 1935, and 1934 were 13.8, 12.6, and 12.7, respectively. The presence of a minor influenza epidemic with a relatively high death rate from influenza and pneumonia was no doubt responsible for the slightly higher current rate, 1.3 per 1,000 over the average for the 3 preceding

years. The peak rate of 15.8 occurred in the week ended January 9, with a decline to 13.8 for the week ended February 27.

SOME ASPECTS OF BLANKET COVERAGE OF OCCUPATIONAL DISEASES IN THE UNITED STATES¹

Workmen's compensation acts as originally adopted by the various States concerned themselves primarily with accidents and made little or no provision for occupational disease. At the time of the writing of these acts it was known that, in a number of employments, disabilities and deaths resulted not only from accidents but also from diseases associated with certain occupations. A situation has developed in which the workmen's compensation laws of the different States are not uniform and vary greatly in the provisions they contain. Thus, in a few States all occupational diseases come under workmen's compensation laws, in other States only certain specified diseases, and in the greater number of States no diseases at all come under compensation.

BLANKET COVERAGE

At the present writing, eight States, namely, California, Connecticut, Illinois, Massachusetts, Missouri, New York, North Dakota, and Wisconsin, have workmen's compensation acts that cover occupational diseases generally. Blanket coverage for diseases is also provided by three Federal laws administered by the United States Employees' Compensation Commission. These laws deal with compensation for (1) civil employees of the United States who suffer personal injury while in the performance of official duty, (2) disability or death resulting from injury to certain employees in maritime employment upon the navigable waters of the United States, and (3) disability or death resulting from injury to employees in certain employments within the District of Columbia.

Whether a State shall adopt blanket coverage or a limited number of compensable diseases listed in a schedule is still a subject of controversy. It is frequently stated that any system other than blanket coverage is unfair, unjust, illogical, and ineffective. In this connection the following may be quoted: "Far from embodying the wealth of available information on disease hazards in industry, the schedules have served, rather, as a means of giving protection only where forced to give it, and of denying it where there was no insistent demand at the moment for the additional listing. Additions to the schedule list have been conceded only after some individual case which has gone unpro-

¹ From the Office of Industrial Hygiene and Sanitation, U. S. Public Health Service. Presented at the tenth meeting of the Correspondence Committee on Industrial Hygiene, International Labor Office, Sept. 21-23, 1936, Geneva, by L. R. Thompson, Assistant Surgeon General, Chief, Division of Scientific Research, U. S. Public Health Service.

tected has been given such wide publicity that public indignation has been aroused to the point where amendment was forced" (1). On the other hand, the opponents of complete coverage state that with laws having no schedules the advantage of prompt payment of compensation is often lost, and that confusion frequently arises through legal and other entanglements. In the matter of the additional cost necessitated in changing from no coverage to blanket coverage, casualty insurance rate makers have stated (2) that the change would involve not more than 1 percent increase in the rates of a State that already has a compensation law but without occupational disease coverage; the increase from a schedule to blanket coverage would, of course, be less.

In a report of this limited length it would be impossible, obviously, to present details concerning blanket coverage for all of the States in which it is operating. In no other State has a workmen's compensation act been operating longer than in Wisconsin, where it became effective in 1911. Eight years later, in 1919, occupational diseases in the form of blanket coverage were included in the act. In the following are presented excerpts from the law and some of the results of the all-coverage system in Wisconsin.

THE LAW PERTAINING TO COMPENSATION FOR OCCUPATIONAL DISEASE IN WISCONSIN (3)

(A) *Definitions.*—"Injury" is mental or physical harm to an employee caused by accident or disease. "Date of onset of disease" is the last day of work for the last employer whose employment caused disability. [The law as to occupational disease is now such that compensation benefits may be recovered for disability which occurs subsequently to the severance of the employer-employee relationship, even though there was neither wage loss nor time loss during the time that the employee was in service. Previous construction of the court had made it necessary to establish actual wage loss or time loss during the period of employment as a condition precedent to recovery.]

(B) *Conditions of liability.*—(1) Liability shall exist against an employer only where the following five conditions occur: (a) Where the employee sustains an injury. (b) Where, at the time of the injury, both the employer and employee are subject to the provisions of this chapter. (c) Where, at the time of the injury, the employee is performing service growing out of and incidental to his employment. Every employee going to and from his employment in the ordinary and usual way, while on the premises of his employer, shall be deemed to be performing service growing out of and incidental to his employment; and so shall any fireman responding to a call for assistance outside the limits of his city or village, unless such response is in violation of law. (d) Where the injury is not intentionally self-inflicted. (e) Where the accident or disease causing injury arises out of his employment. [Prior to this provision the courts had held that it was not necessary in order to collect a compensation that an injury or disease should bear causal relation to employment.]

(2) Where such conditions exist, the right to the recovery of compensation pursuant to the provisions of this chapter shall be the exclusive remedy against the employer.

(3) In the case of disease, intermittent periods of temporary disability shall create separate claims, and permanent partial disability shall create a claim separate from a claim for any subsequent disability which latter disability is the result of an intervening cause.

(C) *Incidental compensation.*—(1) *Treatment.*—The employer shall supply such medical, surgical and hospital treatment, medicines, medical and surgical supplies, crutches, artificial members and appliances, or, at the option of the employee, if the employer has not filed notice as hereinafter provided, Christian Science treatment in lieu of medical treatment, medicines and medical supplies, as may be reasonably required for 90 days immediately following the injury to care and relieve from the effects of the injury, and for such additional period of time as in the judgment of the commission will tend to lessen the period of compensation disability, or in the case of permanent total disability for such period of time as the commission may deem advisable, not to exceed the period for which indemnity is payable, and in case of his neglect or refusal seasonably to do so, the employer shall be liable for the reasonable expense incurred by or on behalf of the employee in providing the same.

(2) *Physician, selection.*—The employee shall have the right to make choice of his attending physician from a panel of physicians to be named by the employer. Where the employer has knowledge of the injury and the necessity for treatment, his failure to tender the same shall constitute such neglect or refusal. Failure of the employer to maintain a reasonable number of competent and impartial physicians, ready to undertake the treatment of the employee, and to permit the employee to make choice of his attendant from among them, shall constitute neglect and refusal to furnish such attendance and treatment. The commission may upon summary hearing permit an injured employee to make selection of a physician not on the panel.

(3) *Medical panel.*—In determining the reasonableness of the size of the medical panel, the commission shall take into account the number of competent physicians immediately available to the community in which the medical service is required, and where only one such physician is available, the tender of attention by such physician will be construed as a compliance with this section unless specialized or extraordinary treatment is necessary. The employer shall not be required to maintain a panel of more than five physicians. In such panel, partners and clinics shall be deemed as one physician. Every employer shall post the names and addresses of the physicians on his panel in such manner as to afford his employees reasonable notice thereof.

(4) *Prejudiced physician.*—Whenever in the opinion of the commission a panel physician has not impartially estimated the degree of permanent disability or the extent of temporary disability of any injured employee, the commission may cause such employee to be examined by a physician selected by it, and to obtain from him a report containing his estimate of such disabilities. If the report of such physician shows that the estimate of the panel physician has not been impartial from the standpoint of such employee, the commission may in its discretion charge the cost of such examination to the employer, if he is a self-insurer, or to the insurance company which is carrying the risk.

(5) *Christian Science treatment.*—Any employer may elect not to be subject to the provisions for Christian Science treatment provided for in this section by filing written notice of such election with the commission.

(6) *Artificial members.*—Artificial members furnished at the end of the healing period need not be duplicated.

(7) *Treatment rejected by employee.*—No compensation shall be payable for the death or disability of an employee if his death be caused by or insofar as his dis-

bility may be aggravated, caused, or continued by an unreasonable refusal or neglect to submit to or follow any competent and reasonable surgical treatment.

RESULTS OF BLANKET COVERAGE IN WISCONSIN

In discussions of blanket coverage the question of the relationship of occupational diseases to all injuries immediately arises. More specifically, it is asked, "What percent of all compensated injuries is due to occupational diseases?" and, "What percent of all costs is represented by occupational diseases?" In Wisconsin during the 10-year period 1920-29, we find that the total number of compensated cases, that is, all injuries, including occupational diseases, was 200,791; of this number, 3,019, or 1.5 percent, were listed as occupational diseases. During the calendar year 1929 there were 22,630 compensated cases, of which 414, or 1.8 percent, were occupational diseases (4).

Respecting the relationship of occupational-disease costs to all costs, reference will be made to the experience of Wisconsin for the period 1920-33. During these 14 years a total of \$59,595,901 was paid for all industrial cases; of this total, \$1,423,569, or less than 2.4 percent, were paid for occupational diseases. "In the tabulation of occupational-disease statistics the Wisconsin Industrial Commission has included the cost figures for those types of occupational disease that under the law of that State and of most States are rated as accidental. For example, compressed-air illness, carbon-monoxide poisoning, typhoid fever, sunstroke, freezing, and ivy, oak, hemlock, and similar poisoning are usually compensable regardless of legislation covering occupational disease. This group of disease cases usually produces from 30 to 40 percent of the total cost, so that the Wisconsin experience, for cases depending on the blanket provision for relief, cost materially less than 2 percent of the whole" (5).

It is illuminating to compare the foregoing Wisconsin data with those published by the United States Employees' Compensation Commission which was established in 1916 to administer the civil employees' compensation act. In 1927 and 1928, respectively, this commission was charged with the duty of administering, in addition, the maritime compensation act and the District of Columbia compensation act. It was seen that in Wisconsin less than 2 percent of all the compensated cases were listed as occupational diseases; the annual reports of the United States Employees' Compensation Commission disclose the corresponding percents to vary from 1.5 to 3. With regard to the ratio of occupational-disease benefits to all industrial benefits, the Wisconsin data showed less than 2 percent, while an annual Federal report (6) states that the cost of cases due to occupational diseases or nonaccidental causes cannot "be accurately estimated but it is safe to say that during this entire period (1916-22)

the cost has not exceeded 3 percent of the entire benefits paid under the compensation act."

Available data (4) make it possible to present material on occupational diseases compensated in Wisconsin during the years 1920-29. This material concerns (1) proportionate incidence, (2) proportionate indemnity paid, and (3) average indemnity per case. During the 10 years there were 3,019 cases of occupational disease that were compensated; of this number approximately 100 resulted in death or in permanent disability, and the remaining cases were classified as temporary injuries. Confining ourselves to hazards that were believed to be associated with 10 or more percent of the total cases, we find that the largest number, namely, 840 cases, or 27.8 percent of the total, were related to toxic fluids, 396 cases (13.1 percent) to irritant dusts and fibers, 353 cases (11.7 percent) to toxic vapors, gases, and fumes, and 320 cases (10.6 percent) to miscellaneous irritants. This order with respect to proportionate incidence is not necessarily the same as the order of the hazards when arranged according to the amount of indemnity paid. A total of \$575,052 was paid in the case of all occupational diseases.

Hazards that necessitated the expenditure of 10 or more percent of the total indemnity paid may be written in decreasing order of magnitude as follows: Toxic vapors, gases, and fumes (25.4 percent), irritant dusts and fibers (20.5 percent), and "germs" (11.3 percent). Of considerable interest is the average indemnity paid per case. The average for all occupational disease hazards was \$191. When the hazards referred to above are arranged in decreasing order of magnitude with respect to the average indemnity paid per case, they read as follows: Toxic vapors, gases, and fumes (\$414), "germs" (\$322), irritant dusts, and fibers (\$298), toxic fluids (\$52), and miscellaneous irritants (\$47).

SUMMARY

This report on blanket coverage of occupational diseases in the United States may be conveniently summarized as follows:

- (1) The workmen's compensation laws of the different States are not uniform.
- (2) Eight States have blanket coverage: California, Connecticut, Illinois, Massachusetts, Missouri, New York, North Dakota, and Wisconsin. In addition, blanket coverage is provided by three Federal laws.
- (3) The question of whether a schedule or blanket coverage shall be adopted is controversial.
- (4) Casualty insurance rate makers report that a change from no coverage to blanket coverage, in the case of a State with compensation laws but without occupational disease coverage, means not more than one percent increase in the rates.

(5) Opponents of complete coverage state that with laws having no schedules the advantage of prompt payment of compensation is often lost.

(6) Excerpts from the Wisconsin law pertaining to occupational disease are presented.

(7) Some results of blanket coverage for Wisconsin are given and in some instances compared with data published by the United States Employees' Compensation Commission.

REFERENCES

- (1) Wilcox, F. M.: Quoted by Dodd, W. F. (1936): *Administration of Workmen's Compensation*. New York (The Commonwealth Fund). Pp. 765-766.
- (2) Andrews, J. B. (1929): *Occupational disease compensation*. Presented at convention American Public Health Association. (Author's reprint.)
- (3) Industrial Commission of Wisconsin [1936]: *Workmen's Compensation Act with 1935 amendments*. [Madison] (N. pub.). P. 2, pp. 29-31.
- (4) Committee on Research and Standards, American Public Health Association [1931]: *Report of Committee on Standard Practices in the Problem of Compensation of Occupational Diseases*. Short title: *Occupational Disease Legislation*. N. p. (Published for the American Public Health Association by the Chemical Foundation.) P. 96.
- (5) Wilcox, F. M.: Quoted by Dodd. P. 762.
- (6) United States Employees' Compensation Commission (1923): *Seventh Annual Report, July 1, 1922, to June 30, 1923*. Washington (Government Printing Office). P. 131.

COCCIDIOIDAL GRANULOMA

In 1931 the California Department of Public Health issued Special Bulletin No. 57 dealing with the early history, etiology, and symptomatology of coccidioidal granuloma in California. In this bulletin it was pointed out that a fungus¹ is the causative agent of the disease, the clinical and pathological manifestations of which closely resemble tuberculosis and blastomycosis.

Coccidioidal granuloma has been described by Ormsby² as a systemic infection in which cutaneous manifestations occur in a minor number of instances. The disease attacks the pulmonary, osseous, cerebrospinal, and cutaneous systems in the order named. However, all tissues of the body except those of the gastrointestinal tract may be affected. The cutaneous lesions are not characteristic and may be primary or secondary. Papules, nodules, pustules, vegetating papillomas, and verrucous lesions are all seen. The secondary lesions consist of subcutaneous nodules, tumors, abscesses, and cutaneous ulcers.

The first human cases of coccidioidal granuloma were reported from Buenos Aires in 1892 and from California in 1894. Prior to

¹ *Coccidioides immitis*, a doubly contoured organism having a refractile capsule and developing in the tissues by endogenous spore formation.

² Oliver S. Ormsby: *Diseases of the Skin*, Lea and Febiger, 1934.

June 1, 1931, a total of 286 cases had been reported. Summarizing the epidemiology of the disease, Beck ³ reached the following conclusions:

1. Coccidioidal granuloma is a disease of both man and animal.
2. The infection has been demonstrated in 20 animals and 286 human cases have been reported up to 1931.
3. Geographically, the records show a concentration in central and southern California.
4. The majority of cases have occurred in males between 25 and 55 years of age.
5. The highest percentage of cases falls in the agricultural class involving contact with soil and its products.
6. The impression is that infection in both man and animal is probably contracted through inhalation, and there is evidence that humans are infected through the skin as the result of injuries.
7. No man-to-man, animal-to-animal, or animal-to-man transmission has ever been observed.
8. Soil and vegetation suggest the most probable source of infection.

The California Department of Public Health has recently issued another report ⁴ on coccidioidal granuloma, bringing the data for that State up to 1936. Up to July 1, 1936, 450 cases with 224 deaths have been recorded in the State. These figures indicate a high mortality rate. The observation is made that the epidemiology of the disease remains the same as when the subject was discussed in the special bulletin issued in 1931. Three hundred and one cases, or 66.8 percent of the 450 cases recorded, were from Fresno, Kern, Kings, Tulare, and Los Angeles Counties. The northern rural counties have never reported cases; the disease apparently has certain geographic limits.

A study of the cases according to age and sex shows that males are more often affected than females, 384 cases, or 85 percent, occurring in males, and the majority of the cases fall in the higher age groups, a total of 275, or 61 percent, occurring in persons between the ages of 25 and 55 years.

Of the total number of cases reported, 65.5 percent were recorded in the groups engaged in outside work or work involving contact with soil, vegetation, and animals and general outdoor labor. The theory that the disease is soil borne is probably correct, since Stewart and Meyer isolated the fungus (*Coccidioides immitis*) from soil samples collected in Kern County.

³ M. Dorothy Beck: Coccidioidal granuloma—Epidemiology. Special Bulletin No. 57, California Department of Public Health, 1931.

⁴ Coccidioidal granuloma, 1934-1935. Weekly Bulletin, California Department of Public Health, vol. 16, no. 2, p. 6, Feb. 6, 1937.

Practically all races are affected, and the proportions have remained quite constant since the first tabulation in 1931. However, there have been slight variations, the percentage of foreign-born whites having decreased slightly while the percentage of Filipinos affected has doubled during the past 5 years.

Early diagnosis of pulmonary cases and differential diagnosis from tuberculosis by sputum examinations have been helpful in establishing the presence of the disease.

YELLOW FEVER ON SHIPBOARD

(Condensed from the note of Dr. P. G. Stock presented by the delegate from Great Britain to the Office International D'Hygiène publique at the October (1936) meeting of the Permanent Committee.)

The S. S. *Sea Rambler* arrived in the River Tyne, England, from Dakar, French West Africa, on September 12, 1936, with a record of 14 cases of severe illness, with 7 deaths, having occurred among members of the crew of 24.

After 8 days of loading cargo at Kaolakh and Zighinchor (July 31 to Aug. 7), the steamer sailed from Dakar on August 9. While at Zighinchor the weather had been extremely hot, and the mosquitoes are stated to have been "very bad."

Four days after the ship had departed for England, one of the firemen was stricken with a severe illness, accompanied by high fever and a slow pulse. The following day (Aug. 14) another fireman was similarly affected. The illness of the first officer, who refused to go off duty, is also thought to have started about this time, although the fact that he had a fever was not discovered until several days later. On August 17, after the steward and three sailors had become ill, the captain decided to call at Madeira for medical advice. During the next 2 days, 2 more firemen, the boatswain, and another sailor reported sick, all having temperatures ranging from 101° to 104° and pulse rates from 70 to 93.

Three of the sick men were removed to a hospital in Madeira on August 20. On the same day, the fireman whose illness started on August 14 collapsed on board ship and died, and the captain and another sailor became ill. On August 21, following the death on board ship of one of the men who had reported sick on August 17, the captain and five other members of the crew were removed to the hospital on shore, where the fireman whose illness commenced on August 19 died on August 24. It was not until August 26 that the fireman who was first taken ill on August 13 was removed to the hospital, the only cases then remaining on ship being the first officer (acting captain), who refused hospital treatment, and the cook, who was only slightly ill.

On August 29 the vessel was given her clearance from Madeira, and having signed on 3 sailors, 4 firemen, and a steward, sailed for England with only half of her original crew. (After the ship left Madeira, 4 of the patients who had been transferred to the hospital died; the others were sent to England as they recovered.) Upon the arrival of the vessel in the River Tyne on September 12, 7 members of her original crew of 24 had died, 5 were in hospital at Madeira, and 2 of the remaining 12 had been ill but had remained on duty.

While the illness had been diagnosed at Funchal as some form of food poisoning, the history available when the vessel reached the River Tyne suggested the possibility of yellow fever, and the port medical officer of health arranged for the examination, by protection tests on mice, of samples of blood collected from the members of the crew arriving on the vessel and from those who later returned to England after having been discharged from the hospital in Madeira. Of 14 such samples examined, 6 gave a positive reaction (i. e., protected mice against the virus of yellow fever), and 8 were negative. The 6 positive samples had been obtained from 4 members of the crew who had been hospitalized in Madeira and from the 2 who had been ill during the voyage but had remained on duty, and the 8 negative samples had been obtained from members of the crew who had not been ill.

DEATHS DURING WEEK ENDED FEB. 27, 1937

(From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce)

	Week ended Feb. 27, 1937	Correspond- ing week, 1936
Data from 86 large cities of the United States:		
Total deaths	9,954	10,573
Average for 3 prior years	9,302	
Total deaths, first 8 weeks of year	85,533	78,131
Deaths under 1 year of age	646	580
Average for 3 prior years	584	
Deaths under 1 year of age, first 8 weeks of year	5,183	4,571
Data from industrial insurance companies:		
Policies in force	60,272,935	67,956,142
Number of death claims	13,893	16,328
Death claims per 1,000 policies in force, annual rate	10.5	12.6
Death claims per 1,000 policies, first 8 weeks of year, annual rate	11.5	11.0

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Mar. 6, 1937, and Mar. 7, 1936

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936
New England States:								
Maine		1	111	5	26	263	0	0
New Hampshire					9	55	0	0
Vermont	2	1			1	567	0	0
Massachusetts	3	2			916	819	11	8
Rhode Island	1	1			318	39	2	
Connecticut ¹	1	2	21	26	583	89	1	1
Middle Atlantic States:								
New York	42	37	1 56	1 109	503	2,368	13	30
New Jersey	13	14	67	89	2,082	148	4	5
Pennsylvania	30	48			388	776	14	14
East North Central States:								
Ohio	24	29	103	39	34	258	9	9
Indiana	11	19	89	82	17	15	1	3
Illinois	44	35	74	63	32	57	7	20
Michigan	12	10	2	6	73	87	1	2
Wisconsin	6	3	120	89	21	76	3	2
West North Central States:								
Minnesota	3	3	3		16	272	2	1
Iowa	3	4	27	8	1	3	0	1
Missouri	20	21	382	618	11	63	3	
North Dakota	1	1	31	6	1	1	0	2
South Dakota			3		3	14	2	0
Nebraska	4	3			1	88	2	0
Kansas	13	12	55	65	5	15	0	0
South Atlantic States:								
Delaware		3	18		73	69	0	1
Maryland ²	9	8	231	70	693	195	6	15
District of Columbia	4	19	3	4	75	16	0	3
Virginia	16	15		2,046	218	84	8	24
West Virginia	5	14	592	135	38	8	7	11
North Carolina	19	14	217	343	88	58	6	2
South Carolina	6	2	1,707	1,005	33	16	0	1
Georgia ¹	11	13	1,176	1,544			2	13
Florida ¹	5	4	43	61	2	4	3	1
East South Central States:								
Kentucky	21	15	508	73	121	62	20	16
Tennessee	10	24	381	477	20	79	9	29
Alabama	19	13	2,487	2,140	14	63	2	1
Mississippi ¹		5					0	1
West South Central States:								
Arkansas	2	8	303	346	1	1	0	0
Louisiana	14	18	143	141	6	70	2	0
Oklahoma ¹	6	11	809	298	34	5	6	11
Texas ¹	45	62	3,745	1,279	538	648	14	5

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Mar. 6, 1937, and Mar. 7, 1936—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936
Mountain States:								
Montana	2	1	29	23	62	18	1	3
Idaho			23	1	28	20	0	0
Wyoming					2	12	0	0
Colorado	8	8			3	8	0	0
New Mexico	5	2	95	9	99	44	1	0
Arizona	7	4	177	213	199	81	1	0
Utah ¹					24	20	0	0
Pacific States:								
Washington	5	1	3	11	23	329	1	2
Oregon		3	121	269	5	564	0	1
California	20	32	1,173	2,099	90	2,729	7	11
Total	472	548	15,134	18,702	7,620	11,276	171	256
First 9 weeks of year	5,056	5,766	224,549	61,971	45,334	66,132	1,418	1,901
Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936
New England States:								
Maine	0	0	27	14	0	0	1	0
New Hampshire	0	1	27	13	0	0	0	0
Vermont	0	0	11	20	0	0	1	0
Massachusetts	1	0	224	289	0	0	1	0
Rhode Island	0	0	50	9	0	0	1	0
Connecticut ¹	0	0	97	126	0	0	0	0
Middle Atlantic States:								
New York	1	1	957	1,420	1	0	3	10
New Jersey	1	1	206	617	0	0	2	2
Pennsylvania	1	1	826	611	0	0	3	6
East North Central States:								
Ohio	0	1	313	454	3	1	0	1
Indiana	1	0	246	267	4	3	3	3
Illinois	1	0	707	996	12	22	2	5
Michigan	1	0	623	334	1	1	6	3
Wisconsin	0	1	333	604	9	9	0	2
West North Central States:								
Minnesota	0	1	183	362	8	9	0	0
Iowa	2	0	365	155	18	13	0	3
Missouri	0	1	424	195	89	6	6	0
North Dakota	1	0	50	68	8	1	0	0
South Dakota	0	0	79	40	2	15	0	5
Nebraska	1	0	66	202	5	21	0	0
Kansas	0	2	336	266	31	26	0	1
South Atlantic States:								
Delaware	0	0	10	7	0	0	0	0
Maryland ¹	0	0	31	99	0	0	1	2
District of Columbia	1	0	13	34	0	0	0	0
Virginia	1	1	30	56	0	0	2	2
West Virginia	0	0	45	49	1	0	1	1
North Carolina	0	0	44	43	0	1	6	3
South Carolina	0	0	7	4	0	0	1	0
Georgia ¹	0	0	7	12	1	1	1	1
Florida ¹	2	1	5	2	0	0	1	1
East South Central States:								
Kentucky	0	0	58	72	0	1	11	2
Tennessee	0	1	20	34	0	2	3	1
Alabama	0	1	15	18	0	2	2	1
Mississippi ¹	0	0	7	8	0	0	0	0
West South Central States:								
Arkansas	0	0	17	14	4	0	1	0
Louisiana	0	0	3	17	1	2	6	7
Oklahoma ¹	0	1	40	22	5	0	5	3
Texas ¹	2	0	113	87	1	9	16	1

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Mar. 6, 1937, and Mar. 7, 1936—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936	Week ended Mar. 6, 1937	Week ended Mar. 7, 1936
Mountain States:								
Montana	0	0	41	111	22	7	0	0
Idaho	1	0	16	75	3	4	0	0
Wyoming	0	0	41	152	6	12	1	0
Colorado	1	0	73	136	2	13	1	0
New Mexico	0	0	26	88	1	0	4	2
Arizona	0	0	12	20	0	0	0	0
Utah	0	0	13	103	0	1	0	0
Pacific States:								
Washington	0	0	41	100	8	14	2	1
Oregon	0	1	25	59	28	2	0	0
California	3	1	250	387	19	4	6	3
Total	22	17	7,153	8,871	293	202	100	72
First 9 weeks of year	203	158	57,724	68,099	2,657	1,890	985	858

¹ Typhus fever, week ended Mar. 6, 1937, 12 cases, as follows: Connecticut, 1; Georgia, 5; Florida, 2; Texas, 1.

² New York City only.

³ Week ended earlier than Saturday.

⁴ Exclusive of Oklahoma City and Tulsa.

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of cases reported monthly by States is published weekly and covers only those States from which reports are received during the current week:

State	Menin- go-coc- cus menin- gitis	Diph- theria	Influ- enza	Mala- ria	Measles	Pel- lagra	Poli- omy- elitis	Scarlet fever	Small- pox	Ty- phoid fever
<i>January 1937</i>										
Alabama	19	102	1,627	129	15	10	2	74	2	16
Florida	25	47	109	13	16	2		36	0	2
Hawaii Territory	1	12	16		1,800		1		0	4
Illinois	36	127	1,530	8	86		6	2,057	70	24
New York	51	166		3	1,268		1	3,024	44	19
North Dakota	6	4	936		139		0	269	145	1
Oklahoma ¹	10	44	2,729	17	32	2	8	139	5	18
Tennessee	22	91	2,698	52	59	11	4	182	0	23
Texas	23	325	6,958	809	1,351	86	8	494	22	64
Virginia	41	146	6,899	2	667	7	2	10	1	26
Washington	4	22	1,542		184		3	255	29	7
<i>February 1937</i>										
Arkansas	23	32	4,636	24	8	23	10	55	14	5
Connecticut	5	11	1,547		1,737		0	392	0	3
Delaware	2	3	28		480		0	30	0	4
Nebraska	1	16	100		35		0	405	12	1
New Mexico	2	11	1,104	4	174		0	124	5	8
North Carolina	13	114	408		336	39	2	172	1	17

¹ Exclusive of Oklahoma City and Tulsa.

January 1937		January 1937		January 1937	
	Cases		Cases		Cases
Anthrax:		Paratyphoid fever:		Whooping cough—Continued.	
New York	1	Florida	1	Oklahoma	8
Chicken pox:		Illinois	2	Tennessee	114
Alabama	438	New York	3	Texas	374
Florida	94	Tennessee	1	Virginia	294
Hawaii Territory	116	Texas	6	Washington	112
Illinois	2,074	Puerperal septicemia:		February 1937	
New York	3,522	Washington	3	Chicken pox:	
North Dakota	163	Rabies in animals:		Arkansas	96
Oklahoma	125	Alabama	78	Connecticut	557
Tennessee	313	Illinois	24	Delaware	47
Texas	1,043	New York	7	Nebraska	90
Virginia	448	Oklahoma	7	New Mexico	73
Washington	833	Texas	13	North Carolina	614
Conjunctivitis:		Washington	18	Conjunctivitis:	
Oklahoma ¹	1	Rabies in man:		Connecticut	18
Dengue:		Oklahoma ¹	2	New Mexico	3
Alabama	1	Scabies:		Dysentery:	
Texas	18	Washington	3	Connecticut (bacillary)	2
Dysentery:		Septic sore throat:		New Mexico (amoebic)	1
Alabama (amoebic)	1	Hawaii Territory	1	German measles:	
Hawaii Territory (bacillary)	1	Illinois	9	Connecticut	144
Illinois (amoebic)	5	New York	92	Delaware	38
Illinois (amoebic carriers)	19	Oklahoma ¹	48	New Mexico	1
Illinois (bacillary)	13	Tennessee	8	North Carolina	109
New York (amoebic)	11	Tetanus:		Lead poisoning:	
New York (bacillary)	55	Alabama	4	Connecticut	1
Oklahoma ¹	2	Illinois	1	Mumps:	
Tennessee (amoebic)	2	New York	1	Arkansas	48
Tennessee (bacillary)	2	Oklahoma ¹	1	Connecticut	417
Texas (bacillary)	25	Virginia	1	Delaware	21
Virginia (diarrhea included)	52	Trachoma:		Nebraska	107
Encephalitis, epidemic or lethargic:		Alabama	1	New Mexico	96
Alabama	1	Illinois	39	Ophthalmia neonatorum:	
Illinois	8	Oklahoma ¹	5	Arkansas	3
New York	15	Virginia	1	New Mexico	1
North Dakota	1	Trichinosis:		Paratyphoid fever:	
Oklahoma ¹	1	Illinois	1	Connecticut	2
Tennessee	2	New York	1	Rabies in animals:	
Texas	2	Tularaemia:		Connecticut	2
Virginia	2	Alabama	2	New Mexico	1
Washington	5	Illinois	32	North Carolina	1
German measles:		New York	4	Septic sore throat:	
Alabama	2	Tennessee	12	Connecticut	24
Illinois	30	Virginia	5	Nebraska	3
New York	103	Typhus fever:		North Carolina	4
Tennessee	7	Alabama	18	Tetanus:	
Washington	16	Florida	3	New Mexico	1
Impetigo contagiosa:		Hawaii Territory	6	Trachoma:	
Tennessee	3	Texas	42	Arkansas	3
Washington	1	Undulant fever:		Connecticut	2
Leprosy:		Alabama	3	New Mexico	1
Hawaii Territory	6	Illinois	7	Trichinosis:	
Mumps:		New York	20	Connecticut	3
Alabama	326	Oklahoma ¹	11	Tularaemia:	
Florida	141	Tennessee	2	Arkansas	2
Hawaii Territory	97	Texas	20	North Carolina	3
Illinois	366	Washington	2	Connecticut	1
North Dakota	234	Vincent's infection:		New Mexico	6
Oklahoma ¹	37	Illinois	34	Undulant fever:	
Tennessee	238	New York ²	74	Arkansas	4
Texas	609	North Dakota	5	Connecticut	2
Virginia	259	Oklahoma ¹	1	New Mexico	1
Washington	269	Tennessee	35	North Carolina	4
Ophthalmia neonatorum:		Whooping cough:		Whooping cough:	
Alabama	1	Alabama	118	Arkansas	80
Illinois	2	Florida	37	Connecticut	358
New York ²	7	Hawaii Territory	9	Delaware	27
Tennessee	7	Illinois	752	Nebraska	29
Virginia	1	New York	1,426	New Mexico	28
		North Dakota	4	North Carolina	394

* Exclusive of Oklahoma City and Tulsa.

* Exclusive of New York City.

WEEKLY REPORTS FROM CITIES

City reports for week ended Feb. 27, 1937

This table summarizes the reports received weekly from a selected list of 140 cities for the purpose of showing a cross section of the current urban incidence of the communicable diseases listed in the table. Weekly reports are received from about 700 cities, from which the data are tabulated and filed for reference.

State and city	Diph- theria cases	Influenza		Meas- sles cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
Maine:											
Portland	0	3	0	0	11	3	0	0	0	5	35
New Hampshire:											
Concord	0		1	0	4	0	0	0	0	0	12
Manchester	0	3	0	0	0	2	0	0	0	0	4
Nashua	1		2	0	3	0	0	0	0	1	
Vermont:											
Barre	0		1	0	0	0	0	2	0	3	4
Burlington	0		0	0	0	3	0	0	0	0	13
Rutland	0		0	1	1	0	0	0	0	0	10
Massachusetts:											
Boston	6		5	9	44	52	0	7	1	100	283
Fall River	0	2	2	9	1	4	0	1	0	15	43
Springfield	0		0	25	7	7	0	0	0	6	41
Worcester	0		0	162	14	10	0	6	0	37	61
Rhode Island:											
Pawtucket	0	2	0	13	0	2	0	0	0	2	20
Providence	1		4	172	10	33	0	2	0	14	78
Connecticut:											
Bridgeport	0	1	0	30	2	21	0	0	0	2	29
Hartford	0	11	0	3	6	7	0	3	0	5	57
New Haven	0	12	0	0	3	2	0	1	1	5	49
New York:											
Buffalo	0		2	47	12	27	0	7	0	45	154
New York	28	45	11	131	193	358	0	102	0	57	1,741
Rochester	1	12	1	1	11	6	0	1	0	13	77
Syracuse	0		2	26	12	57	0	0	0	49	66
New Jersey:											
Camden	3	1	1	0	4	4	0	2	0	5	34
Newark	0	4	0	469	9	10	0	6	0	20	79
Trenton	0	1	1	0	3	4	0	2	0	2	49
Pennsylvania:											
Philadelphia	1	28	14	17	60	208	0	28	2	116	580
Pittsburgh	2	10	7	8	21	50	0	11	0	36	174
Reading	0		3	3	6	14	0	1	0	19	43
Scranton	1		1	21	5	12	0	0	0	0	
Ohio:											
Cincinnati	3	11	1	44	13	24	0	9	0	15	149
Cleveland	4	90	8	2	33	56	0	26	0	61	274
Columbus	0	26	7	0	10	6	0	1	1	10	102
Toledo	2	8	5	21	5	9	0	6	0	48	75
Indiana:											
Anderson	0		2	0	2	7	0	0	0	3	13
Fort Wayne	2		0	0	0	4	0	0	0	3	23
Indianapolis	0		2	0	27	23	0	1	0	9	125
Muncie	0	5	0	0	2	3	1	0	0	0	9
South Bend			0	0	5	2	0	1	0	2	25
Terre Haute	2		0	0	0	3	0	0	0	0	23
Illinois:											
Alton	0		0	2	0	6	0	0	0	1	10
Chicago	15	33	10	22	83	232	0	37	0	53	743
Elgin	0		1	0	2	1	0	0	0	3	14
Moline	0		0	1	1	0	0	0	0	8	7
Springfield	0	1	0	0	5	3	0	0	0	5	28
Michigan:											
Detroit	8		6	10	35	451	0	16	0	80	285
Flint	1		0	0	0	24	0	1	0	0	28
Grand Rapids	0		0	14	6	11	0	0	0	19	40
Wisconsin:											
Kenosha	0		0	2	0	5	0	1	0	0	6
Madison	1		0	0	0	2	0	0	0	3	21
Milwaukee	0		4	5	12	67	0	1	1	31	116
Racine	0		0	0	0	5	0	0	0	2	14
Superior	0		0	1	0	2	0	0	0	2	7
Minnesota:											
Duluth	0		1	0	4	13	0	1	0	9	31
Minneapolis	4		0	4	13	32	0	2	0	9	117
St. Paul	0	1	1	2	6	12	0	0	0	48	56

City reports for week ended Feb. 27, 1937—Continued

State and city	Diph- theria cases	Influenza		Meas- sles cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
Iowa:											
Cedar Rapids	0			0		3	0		0	0	
Davenport	0			0		6	0		0	0	
Des Moines	0			0		31	0		0	0	39
Sioux City	0			0		19	2		0	2	
Waterloo	0			0		36	0		0	15	1
Missouri:											
Kansas City	1		4	1	20	86	1	6	0	15	118
St. Joseph	1		1	0	3	13	20	1	0	1	18
St. Louis	7	12	3	1	21	60	4	7	2	63	226
North Dakota:											
Fargo	0		0	0		11	0	0	0	0	8
Grand Forks	0		0	0		0	1		0	0	
Minot	0		0	0		0	0	0	0	0	5
South Dakota:											
Aberdeen	0		0	0		9	0		0	0	
Sioux Falls	0		0	0		0	0	0	0	0	7
Nebraska:											
Omaha	2		1	0	11	4	0	0	0	8	68
Kansas:											
Lawrence	0		0	0		1	0	1	0	2	3
Topeka											
Wichita	0	2	1	0	7	3	6	3	0	2	36
Delaware:											
Wilmington	1		0	23	9	1	0	1	0	0	35
Maryland:											
Baltimore	4	29	4	455	39	21	0	18	0	81	288
Cumberland	0	2	0	1	1	0	0	0	0	1	9
Frederick	0		0	11	0	0	0	0	0	6	6
Dist. of Col.:											
Washington	10	28	8	75	29	21	0	10	1	10	225
Virginia:											
Lynchburg	2		1	6	4	0	0	0	0	9	17
Richmond	0		3	0	9	3	0	1	0	0	63
Roanoke	0		3	43	7	0	0	0	0	1	27
West Virginia:											
Charleston	0	10	1	2	11	0	0	0	0	0	24
Huntington	0		0	0	1	1	0	0	0	0	
Wheeling	0		1	1	5	0	0	0	0	3	26
North Carolina:											
Gastonia	0		0	0	0	0	0	0	0	0	
Raleigh											
Wilmington	0		0	0	3	0	0	1	0	0	10
Winston-Salem	1	5	0	0	2	0	0	0	0	0	13
South Carolina:											
Charleston	0	118	3	0	2	4	0	0	2	0	22
Columbia	0		1	0	2	0	0	1	0	0	24
Florence	0		0	0	2	1	0	0	0	0	6
Greenville	1		1	0	2	0	0	0	0	2	6
Georgia:											
Atlanta	0	148	14	2	11	8	0	7	0	0	104
Brunswick	0		0	1	0	1	0	0	0	5	4
Savannah	1	56	5	0	3	0	0	0	0	1	45
Florida:											
Miami	2	10	1	0	2	3	0	1	0	0	35
Tampa	2	4	3	0	2	0	0	0	1	1	30
Kentucky:											
Ashland	0		0	0	0	0	0	0	0	0	
Covington	0		0	0	2	1	0	1	0	0	12
Louisville	1		0	1	24	4	0	5	0	28	109
Tennessee:											
Knoxville	0	31	3	4	1	1	0	3	0	0	26
Memphis	1		19	1	36	3	0	3	0	16	139
Nashville	1		7	0	8	3	0	2	0	0	64
Alabama:											
Birmingham	2	134	6	0	13	3	0	6	0	2	81
Mobile	4	40	9	0	6	1	0	0	0	0	39
Montgomery	0	10		0		1	0		0	3	
Arkansas:											
Fort Smith	0		0	0	0	3	0	2	0	0	
Little Rock	0	9	0	1	12	4	0	2	0	0	14
Louisiana:											
Lake Charles	0	11	0	0	4	0	0	0	0	0	6
New Orleans	5	30	14	1	43	7	0	11	0	1	182
Shreveport	0		0	2	10	0	0	3	0	0	55

City reports for week ended Feb. 27, 1937—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Oklahoma:											
Muskogee	0			0		3	0		0	0	
Tulsa	5			2		4	0		0	7	
Texas:											
Dallas	5	15	8	17	17	15	0	7	0	6	83
Fort Worth	0		1	49	3	11	0	3	0	2	50
Galveston	2		0	1	7	3	0	3	0	0	16
Houston	2		2	0	22	1	0	4	1	3	99
San Antonio	0		8	9	10	2	0	8	0	0	89
Montana:											
Billings	0		0	0	0	2	0	0	0	0	3
Great Falls	0		1	0	2	2	0	0	0	3	9
Helena	0	47	0	1	0	0	0	0	0	0	1
Missoula	0	1	1	0	1	1	0	0	0	0	6
Idaho:											
Boise	0		0	0	0	3	0	0	0	0	7
Colorado:											
Colorado Springs	0		0	0	1	1	0	0	0	0	6
Denver	0		1	2	13	14	0	2	0	62	84
Pueblo	0		0	0	3	3	0	0	0	0	8
New Mexico:											
Albuquerque	1	30	2	0	1	3	0	2	0	6	8
Utah:											
Salt Lake City	0		1	13	3	21	0	0	0	19	42
Nebraska:											
Reno											
Washington:											
Seattle	1		2	10	7	2	2	5	0	8	97
Spokane	0	3	3	3	6	5	0	1	1	1	42
Tacoma	0		2	0	3	3	0	0	0	0	35
Oregon:											
Portland	0	4	4	3	5	5	3	2	0	3	88
Salem	0	8		0	0	0	0	0	0	1	
California:											
Los Angeles	7	57	15	25	45	28	0	26	0	46	404
Sacramento	1	220	1	2	8	10	0	7	0	4	52
San Francisco	1	15	3	2	21	30	0	11	0	12	208

State and city	Meningococcus meningitis		Polio-myelitis cases	State and city	Meningococcus meningitis		Polio-myelitis cases
	Cases	Deaths			Cases	Deaths	
Massachusetts:							
Boston	1	0	0				
Rhode Island:							
Pawtucket	1	1	0				
Providence	2	0	0				
Connecticut:							
New Haven	1	0	0				
New York:							
New York	5	5	0				
Pennsylvania:							
Philadelphia	1	2	0				
Pittsburgh	1	0	0				
Ohio:							
Cincinnati	3	2	0				
Cleveland	2	1	0				
Indiana:							
Indianapolis	2	0	1				
Illinois:							
Chicago	4	2	0				
Michigan:							
Detroit	1	0	0				
Missouri:							
Kansas City	1	0	0				
Maryland:							
Baltimore	1	0	0				
Frederick	2	0	0				
District of Columbia:							
Washington	1	1	0				
Virginia:							
Richmond					1	0	0
South Carolina:					1	0	0
Florida:					0	0	2
Miami							
Kentucky:					3	0	0
Louisville							
Tennessee:							
Knoxville					0	1	0
Memphis					1	0	0
Alabama:					5	1	0
Birmingham							
Louisiana:							
New Orleans					1	1	1
Shreveport					0	1	0
Oklahoma:							
Tulsa					0	0	1
Texas:							
Fort Worth					1	1	0
Galveston					1	0	0
Houston					4	0	0
San Antonio					0	1	0
California:							
Los Angeles					3	4	0
San Francisco					0	1	0

Encephalitis, epidemic or lethargic.—Cases: Louisville, Ky., 2; Portland, Oreg., 1; San Francisco, 1.

Pellagra.—Cases: Baltimore, 1.

Typhus fever.—Cases: New York, 1; Savannah, 1. Deaths: Savannah, 1.

FOREIGN AND INSULAR

CANADA

Provinces—Communicable diseases—2 weeks ended February 13, 1937.—During the 2 weeks ended February 13, 1937, cases of certain communicable diseases were reported by the Department of Pensions and National Health of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Cerebrospinal meningitis					4					4
Chicken pox	8				817	90	75	29	65	1,084
Diphtheria	7	4			25	2	3		3	44
Dysentery					1					1
Erysipelas		1			11	6		5	19	42
Influenza	6	413	128		4,095	111	780		2,979	8,521
Measles		20	296		736	117	665	211	1,340	3,385
Mumps				701		866	10	47	14	1,759
Pneumonia	12				99		13		116	240
Poliomyelitis								1		8
Scarlet fever		21	3		274	73	68	104	39	582
Smallpox								1	46	47
Trachoma							8			8
Tuberculosis	1	11	18		75	13	18	10	25	171
Typhoid fever					8		2	1	1	12
Undulant fever					4	1	2			8
Whooping cough		78	70		285	9	34	8	12	496

NOTE.—No report received from Quebec.

FINLAND

Communicable diseases—January 1937.—During the month of January 1937, cases of certain communicable diseases were reported in Finland as follows:

Disease	Cases	Disease	Cases
Diphtheria	515	Poliomyelitis	9
Dysentery	3	Scarlet fever	1,181
Influenza	3,018	Smallpox	1
Lethargic encephalitis	1	Typhoid fever	61
Paratyphoid fever	10		

JAMAICA

Communicable diseases—4 weeks ended February 20, 1937.—During the 4 weeks ended February 20, 1937, cases of certain communicable

diseases were reported in Kingston, Jamaica, and in the island outside of Kingston, as follows:

Disease	Kingston	Other localities	Disease	Kingston	Other localities
Cerebrospinal meningitis		1	Lethargic encephalitis		1
Chicken pox	2	6	Puerperal fever	1	
Diphtheria	2	1	Scarlet fever	1	1
Dysentery	7	4	Tuberculosis	28	78
Erysipelas		1	Typhoid fever	6	43
Leprosy	1	3			

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

NOTE.—A table giving current information of the world prevalence of quarantinable diseases appeared in the PUBLIC HEALTH REPORTS for February 26, 1937, pages 255-267. A similar cumulative table will appear in the PUBLIC HEALTH REPORTS to be issued March 26, 1937, and thereafter, at least for the time being, in the issue published on the last Friday of each month.

Cholera

Siam.—According to information dated February 3, 1937, received from the American Consulate General at Bangkok, Siam, the cholera epidemic in Siam is increasing. For the last 2 weeks of January, 476 cases with 284 deaths were officially reported, making a total of 1,078 cases and 661 deaths since the beginning of the outbreak. For the same 2 weeks, 137 new cases with 74 deaths were reported in Bangkok and vicinity, bringing the total number of cases there to 173 and that of deaths to 93 for the month of January. The epidemic has spread to 57 districts, as compared with 39 for the preceding 2-week period. It was stated that practically all of the foreign population in Bangkok had been inoculated and that compulsory inoculation on a large scale had been undertaken in some sections among the natives.

Plague

Egypt—Girga Province.—On February 28, 1937, one fatal case of plague was reported in Girga Province, Egypt.

Hawaii Territory—Island of Hawaii—Hamakua District—Paauhau Sector.—Two rats found on March 9, 1937, in Paauhau Sector, Hamakua District, Island of Hawaii, Hawaii Territory, have been proved plague infected.

Smallpox

Nicaragua—Puerto Cabezas.—During the week ended February 27, 1937, two cases of smallpox were reported in Puerto Cabezas, Nicaragua.

Palestine—Jaffa.—During the period January 15-31, 1937, two cases of smallpox were reported in Jaffa, Palestine.

Typhus fever

Hungary—Department of Borsod.—During the week ended February 20, 1937, seven cases of typhus fever were reported in the Department of Borsod, Hungary.

X